



For Office Use:

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ID# \_\_\_\_\_ Confirm \_\_\_\_\_

## Camper Application 2017

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

NS

\_\_\_\_\_  
 (County) (Province) (Postal Code)

TELEPHONE: (902) \_\_\_\_\_ Camper Email: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female  
Day month year (As of 1st day of Camp Session)

Camper is: New Returning Lapsed (has not attended in 1+ year)

How many years has Camper attended Camp Tidnish? \_\_\_\_\_ Last year attended 20\_\_\_\_  
 Has camper attended any other camps in the last 3 years? Yes No

### Sessions

#### Adults

Adults with primarily an <b>intellectual</b> disability	Adults 25+ with primarily a <b>physical</b> disability
<input type="checkbox"/> Wayfarers 1 (Jn 28- Jl 4) age 25 - 60+ <input type="checkbox"/> Wayfarers 2 (July 21 - 27) age 25-60+	<input type="checkbox"/> Commanders 1 (June 7 - 13) <input type="checkbox"/> Commanders 2 (June 17 - 23)
<input type="checkbox"/> Voyageurs (July 9 - 15) <b>age 25 - 39</b>	

#### Children and Youth

Youth 13-24 with primarily an <b>intellectual</b> disability	Youth 13-24 with primarily a <b>physical</b> disability	Children 6-13 with a <b>physical or intellectual</b> disability
<input type="checkbox"/> Navigators (Aug 21- 27)	<input type="checkbox"/> Challengers (Aug 10 - 16)	<input type="checkbox"/> Explorers* (Jul 31 – Aug 4) <b>5 DAY SESSION</b>

## Camper Family Dynamics & Contact Information

**Camper lives in:**  Family Home  Foster Home  Group Home  Small Options  
 Nursing Home  Independent Living  Other Facility \_\_\_\_\_

**Custody Status:**  Both Parents  Mother  Father  Independent  
 Guardianship  Other (specify) \_\_\_\_\_

Mother/ Guardian Name \_\_\_\_\_

Home # (902) \_\_\_\_\_ Work (902) \_\_\_\_\_ Cell (902) \_\_\_\_\_

Father/ Guardian Name \_\_\_\_\_

Home # (902) \_\_\_\_\_ Work (902) \_\_\_\_\_ Cell (902) \_\_\_\_\_

Guardian Address \_\_\_\_\_  
(if different from Camper) \_\_\_\_\_  
(City) (Province) (Postal Code)

Parent/ Guardian Email: \_\_\_\_\_

**Please list an emergency contact person, who is not listed as the camper's parent or guardian:**

Emergency Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home # (902) \_\_\_\_\_ Work (902) \_\_\_\_\_ Cell (902) \_\_\_\_\_

## Camper's Physical Health

Please share all diagnoses, ongoing health concerns, illness and disability information with us to ensure quality care of the camper.

What is the camper's disability/ diagnosis (Please list all that apply)

\_\_\_\_\_  
\_\_\_\_\_

### Degree of Physical limitations:

- None
- Mild (can walk)
- Moderate (needs some assistance)
- Severe (requires assistance with all tasks)

### Degree of Intellectual limitations:

- None
- Mild (some reminders)
- Moderate (reminders and assistance needed)
- Severe (requires close supervision at all times)

**General Behaviour/ Routines of camper:** (Space to provide more details later in document)

Does the camper try to run away? No  Yes  Please give details \_\_\_\_\_  
\_\_\_\_\_

Does the Camper show aggressive behaviour?  No  Yes  
Please explain in detail \_\_\_\_\_  
\_\_\_\_\_

**General Sleeping Habits:** (Space to provide more details later in document)

Does camper sleep during the night?  Yes  No  
If no, please explain camper's sleeping habits in detail. Are they a flight risk at night? Will they disturb other campers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Medical Information:**

Health Card Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Date of last examination: \_\_\_\_\_

Physician's telephone # (s): (902) \_\_\_\_\_

**Medication:**

Is the camper on any medications?  No  Yes

If Yes:

- A Medication Administration Record (MAR) will be required from your pharmacy (to be submitted with completed application)
- The camp nurse must be notified of any medication changes prior to camper's arrival and a new MAR sheet must be submitted
- All medications must be sent in a blister pack or bubble pack from the pharmacy

**Medical Treatments:**

Are there any special medical treatments to be given while at camp, i.e. physiotherapy, dressings, etc.? Please explain and bring necessary equipment/supplies.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the camper use any of the following?  
Please indicate Full Time (F/T) or Part Time (P/T) use.

F/T	P/T		F/T	P/T	
<input type="checkbox"/>	<input type="checkbox"/>	Standard wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Electric wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aids <input type="checkbox"/> Rt. Ear <input type="checkbox"/> Lt. Ear
<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	Crutches
<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	Brace - where?
<input type="checkbox"/>	<input type="checkbox"/>	Commode	<input type="checkbox"/>	<input type="checkbox"/>	Glasses
<input type="checkbox"/>	<input type="checkbox"/>	Bed Rail	<input type="checkbox"/>	<input type="checkbox"/>	Hoyer Lift* <input type="checkbox"/> Bed <input type="checkbox"/> Toilet <input type="checkbox"/> Shower

Other please specify \_\_\_\_\_

\*Camp Tidnish is equipped with Hoyer Lifts and slings; however campers are encouraged to bring their own slings.

Does the camper smoke?  No  Yes Is he/she on a smoking program? Please Describe:  
\_\_\_\_\_

Does the camper verbalize?  No  Yes  
If No, please complete Non- Verbal Questionnaire (Separate form, found on website)

**Diet and Eating:**

Many campers require special diets. If a special diet is required, a copy of the diet must be provided at registration.

**Please send any special food requirements to camp with the camper.**

Regular  Chopped  Soft  Pureed  Other (specify) \_\_\_\_\_

**Assistance required with eating:**

Please check the level of assistance required for each activity. Provide notes if necessary regarding food cut, reminders to slow down, feeding side preference, covered cup, straw, etc.

	Some	Total	Please describe:	No Assistance
Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

G Tube Times of feeding \_\_\_\_\_  
 Via pump  Gravity  Push  
 Volume \_\_\_\_\_ Volume of flush \_\_\_\_\_ Tube size \_\_\_\_\_

Is the camper diabetic?  No  Yes please specify type \_\_\_\_\_

Are there any special diet restrictions?  No  Yes please specify \_\_\_\_\_

Does camper have food allergies or sensitivities?  No  Yes please specify \_\_\_\_\_

**Allergies:**

Does the camper have any non- food allergies of any kind?  No  Yes

Hay fever

Bee/ Insect Stings

Drugs

Other (please list attach separate sheet if necessary).

Additional Information: \_\_\_\_\_

Treatment for Allergies: \_\_\_\_\_

Does the camper carry an  **Epi Pen**  **Ana-kit**  **Other**

**Heart:**

Does the camper have a history of heart problems?  No  Yes please explain: \_\_\_\_\_

Are there any restrictions in activities because of this?  No  Yes please explain: \_\_\_\_\_

**Seizures:**

Does the camper have seizures?  No  Yes - What type? \_\_\_\_\_

Frequency: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Describe warning signs of seizures, i.e.: aura etc. \_\_\_\_\_

Are there any restrictions because of seizures? \_\_\_\_\_

**Shunt:**

Does the camper have a shunt?  No  Yes Type: \_\_\_\_\_

If shunt has been blocked, what kind of symptoms does the camper exhibit: \_\_\_\_\_

**Assistance required for Personal Care:**

Please check the level of assistance required for each activity. Provide notes if necessary.

	Some	Total	Please describe:	No Assistance
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

**Evacuation:**

Camper has:      Some    None    Please describe:      Always has control

Bladder Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Bowel Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Uses Attends	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Please check only those aids that will be used at camp. Please bring all necessary equipment. Camper uses:

<input type="checkbox"/> Regular Toilet	<input type="checkbox"/> Urinal	<input type="checkbox"/> Bedpan	<input type="checkbox"/> Commode	<input type="checkbox"/> Colostomy
<input type="checkbox"/> Catheter	<input type="checkbox"/> Intermittent Catheter times _____			
<input type="checkbox"/> Self-Catheter	<input type="checkbox"/> Requires Catheter Assistance			
<input type="checkbox"/> Oral Laxative	<input type="checkbox"/> Suppository Laxative	<input type="checkbox"/> ILEO Appliance	<input type="checkbox"/> Artificial Sphincter	
<input type="checkbox"/> Balloon Enema	<input type="checkbox"/> Other _____			

**Disposition of camper:** (Please check all that apply)

Timid     Quiet     Aggressive     Moody     Sensitive     Nervous     High Strung  
 Happy     Friendly     Other \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

## Sleeping Habits

Please provide more detailed information about your camper's sleeping habits to supplement the information you already provided in the application. Camper sleeps: (Please check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Easily         | <input type="checkbox"/> With difficulty        |  |
| <input type="checkbox"/> Rarely         | <input type="checkbox"/> Needs more than 8 hrs. |  |
| <input type="checkbox"/> Has p.m. naps  |   |  |
| <input type="checkbox"/> Snores         | <input type="checkbox"/> Sleepwalks             | <input type="checkbox"/> Has frequent nightmares |
| <input type="checkbox"/> Talks in sleep | <input type="checkbox"/> Wets the bed           | <input type="checkbox"/> other _____             |

Does Camper need to be turned during the night? No Yes  
Please Describe \_\_\_\_\_

What time does camper usually wake up? \_\_\_\_\_  
What time does camper usually go to bed? \_\_\_\_\_

## Behaviours/Routines of camper:

If necessary, what type of behaviour management is most effective for the camper?

- Time Outs  123- Magic  Rest  Removal from situation  Other \_\_\_\_\_

Please describe other routines that need to be adhered to:  
\_\_\_\_\_  
\_\_\_\_\_

What activities would the camper like to do at camp? \_\_\_\_\_  
\_\_\_\_\_

Are there any activities that your camper should not participate in? Please explain:  
\_\_\_\_\_

## Swimming abilities

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Excellent Swimmer          | <input type="checkbox"/> Good Swimmer    | <input type="checkbox"/> Will swim but needs prompting |
| <input type="checkbox"/> Swims with support         | <input type="checkbox"/> Must wear a PFD | <input type="checkbox"/> Needs 1:1 in pool             |
| <input type="checkbox"/> Likes to dip feet in water | <input type="checkbox"/> Does not swim   | <input type="checkbox"/> Fear of water                 |

Additional Swimming information: (has swimming badges, needs goggles, etc.)  
\_\_\_\_\_

## Cabin-mate Request

We will try to honour bunk requests, however there are many factors that influence cabin make-up and the final cabin list is at the discretion of the Camp Director. (List one name only for each section please)

I would like this person in my cabin  
\_\_\_\_\_

Please don't put this person in my cabin  
\_\_\_\_\_

## CONSENT, WAIVER AND AUTHORIZATION FORM

### Our Privacy Statement:

"Camp Tidnish is a program of and is administered by Easter Seals Nova Scotia", **AND**  
"Easter Seals Nova Scotia respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists or client information. The information you provide will be used to deliver your program services only."

### Please read this document carefully. It affects your rights and those of your child.

The words "Easter Seals" in this document includes Easter Seals Nova Scotia, Camp Tidnish, and their officers, directors, employees, staff or agents.

The word "Camp" in this document means Camp Tidnish, and its officers, directors, employees, staff or agents.

The word "Camper" in this document means the Applicant (or Camper), whose full name is:

\_\_\_\_\_  
**(Print full name of camper here)**

The word "I" or "me" in this document means you, the parent(s) or Legal Guardian(s), whose full name(s) are:

\_\_\_\_\_  
**(Print Mother's or Legal Guardian's Full Name)**

\_\_\_\_\_  
**(Print Father's or Legal Guardian's Full Name)**

### Authorizations and Agreements

I hereby authorize and empower Easter Seals:

- a) To provide, or to authorize the provision of, such medical, medication administration, hospital, dental, or emergency care or services for the Camper, as it may deem necessary (in its sole discretion) for the safety, health, care or protection of the Camper while he or she is attending the Camp.
- b) To use any and all information it has concerning the Camper, or to release all such information to any other person, organization, or institution as it may deem necessary (in its sole discretion) for the safety, health, care, or protection of the Camper while he or she is attending the Camp.

I understand that in the event of accident or illness, Easter Seals will make reasonable efforts to contact me, but I also understand and agree that Easter Seals does not have to wait until after contacting me to provide or authorize the provision of such medical, hospital, dental, or emergency care services as it may deem necessary for the safety, health, care or protection of the Camper suffering such accident or illness.

I certify that all the information contained in this application form is complete and correct, and I agree to notify Easter Seals or the Camp immediately in writing of any changes in the Camper's health status or in the emergency contact number.

### In the event that only one parent or legal guardian signs this form:

I certify that I have the authority to sign this form on behalf of the Camper and that no other authority or signature is required. Initial here \_\_\_\_\_.



**I agree to supply or provide to the Camp all personal equipment, medications, or appliances which the Camper requires or may require to enable him or her to attend the Camp.** I also agree to reimburse Easter Seals or the Camp its cost of providing such equipment, medication or appliances for the Camper in the event that I fail to do so.

I also agree and understand the Camp may offer more physical, mental or emotional challenge to the Camper than he or she may be used to. I agree and understand that Easter Seals reserves the right, in its sole discretion, to decide at any time (either before or after the Camper arrives at Camp, or any time during the camping period) that the Camp is not suited to the Camper's physical, mental or emotional condition or health, and that the Camper ought not to be accepted as a Camper, or that the Camper ought to return home.

**Waiver of Legal Liability**

I certify that I am familiar with the Camp program and that I have read any general information, which may accompany this application.

I agree and understand that the Camp and its activities offer more and higher levels of physical challenge and risk of physical harm to the Camper than he or she experiences in home, school, or hospital settings. I agree and understand that accidents, mistakes, or errors of judgement can occur. I accordingly hereby release and save harmless (on my behalf and on behalf of the Camper) Easter Seals and the Camp from all suits, claims, actions and causes of actions due to loss or injury to person or property of myself or the Camper, howsoever caused, and whether on or off the Camp premises.

**MUST BE SIGNED:**

**CAMPER WILL NOT BE ACCEPTED WITHOUT at least ONE SIGNATURE**

\_\_\_\_\_  
**(Signature of Parent or Legal Guardian)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature of Parent or Legal Guardian)**

\_\_\_\_\_  
**(Date)**

**OPTIONAL:**

Permission is hereby granted for group photographs, pictures or movies to be taken of this camper and I/We are willing for them to be shown or otherwise utilized in the interest of the Camp or Camper.

The camper will not be included in the group photograph unless below is signed and dated appropriately:

\_\_\_\_\_  
**(Signature of Parent or Guardian)**

\_\_\_\_\_  
**(Date)**

### Camper Registration Information:

- Camp fee payment must be indicated by families, or authorized in writing by a sponsor prior to attendance confirmation.
- Receipts provided for cash payments only. Your cancelled cheque is your receipt.
- Please approach sponsors early. (For a list of service groups to approach for sponsorship, please contact the Camp Director)
- Forward all Camp Tidnish fees to Easter Seals Nova Scotia.  
**Be sure to write the camper's name on the cheque.**
- Applications may be returned to camping office by email, fax or Post

### Payment Information

Camp Fee                **\$575** (Commanders, Wayfarers, Voyageurs, Challengers, Navigators)

Explorers Fee        **\$525**

**Deposit**                **\$100**                      Goes toward camp fee  
Must be received for camper to be registered  
Invoice will be sent for remaining camp fees

Who will be paying the camper's fee?  Camper    Family    Sponsor    Other \_\_\_\_\_

(Camp fees may be paid in part or in full by sponsors or families)

Camper / Family contribution to fee: \$ \_\_\_\_\_      Sponsor contribution to fee: \$ \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

**Please make cheque/money order payable to:**

EASTER SEALS NOVA SCOTIA  
3670 Kempt Rd. Halifax, NS B3K 4X8

Phone: (902) 453- 6000 ext 227

Fax: (902) 454-6121

Email: camping@easterseals.ns.ca

### Confirmation Process

- We carefully review each application to determine each camper's ability to attend camp.
- After review, a confirmation letter will be sent to you, or you will be placed on a waiting list.
- All paperwork, documentation and fees must be returned by deadline to preserve your spot

**To whom should we send the confirmation letter (or email)?**

Parents    Camper    Residence    Other (specify)

All paperwork is due by **May 1<sup>st</sup>, 2017** including application, tuck form, and all medical forms. Campers will be notified if they are accepted into a second session by May 5<sup>th</sup>, 2017.